

FILED AUG 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. 24081

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>			
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>3 da.</u>		c. CITY OR TOWN <u>Pacific</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D.#1.</u>			
3. NAME OF DECEASED (Type or Print) <u>Mabel</u>		a. (First) <u>C</u>		b. (Middle) <u>Hirschfield</u>		c. (Last) <u>July 31 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 28, 1897</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Carty</u>		14. NAME OF HUSBAND OR WIFE <u>George Hirschfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Hirschfield - Pacific</u> ADDRESS <u>Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Calcepsed kidney Rt adrenal gland</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 mo 15 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <u>239x</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>July 27</u> , 1957, to <u>July 31</u> , 1957, that I last saw the deceased alive on <u>July 31</u> , 1957, and that death occurred at <u>11:30 pm.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>M. Dehner</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>8-2-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 3-1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cem</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Thibeau - Pacific</u> ADDRESS <u>Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/2/57</u>	
REGISTRAR'S SIGNATURE <u>Z. P. Hildmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Thibeau - Pacific</u> ADDRESS <u>Mo.</u>		DATE REC'D BY LOCAL REG. <u>8/2/57</u>		REGISTRAR'S SIGNATURE <u>Z. P. Hildmann</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*E. F. Ottman*

Licensed Embalmer No. *1686*

P. O. Address *Union, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.